

**Interested in applying for assistance from  
Lemont Township and/or Lemont Open Food Pantries?**

**Please fill out the attached application and bring with you to your appointment (call 630-257-2522 to schedule) along with the following documentation:**

- 1) Proof of household income and assistance. Recent/current paystubs (3); unemployment letter; SNAP assistance letter; social security/disability letter; child support; etc. for the entire household.**

**Your current tax filing 1040/1040 EZ (bring after you have filed either electronically or copy of mailed forms)**

- 2) Proof of residency. Current lease/mortgage; current utility bill (Nicor/Com Ed).**
- 3) Identification for all in household. Drivers license; social security cards. For children: birth certificate; addressed letter or documentation from Lemont schools for school age children.**

***(Required for initial application only)***

**We are to verify your identity, your residency and your household income.**

**At every recertification time we will need current income/assistance and a utility bill proving current residency. Please bring the proper information to help us help you.**

**Thank you! If you have any questions please feel free to call our office @ (630) 257-2522.**

# LEMONT TOWNSHIP'S ASSISTANCE APPLICATION

## FOOD PANTRY / EMERGENCY ASSISTANCE

### PERSONAL INFORMATION

<b>Date:</b>		<b>EMAIL:</b>	
<b>Name:</b>	<b>Age:</b>	<b>Birth Date:</b>	
<b>Cell Phone:</b>	<b>Home:</b>	<b>Other:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Time at Present Address:</b>		<b>Previous Address:</b>	
<b>Social Security#</b>		<b>Spouse/Partner SS#</b>	
<b>Marital Status:</b>	<b>Spouse/Partner Name:</b>	<b>Birth Date:</b>	

### HOUSEHOLD INFORMATION

NAME/ RELATION OF OTHERS IN HOUSEHOLD	Male/Female	Age	Birth Date
<b>DO YOU RECEIVE SNAP? Y / N</b> If Yes, how much do you receive?	<b>Have you applied for LIHEAP?</b>	<b>Did you Qualify?</b>	<b>Children Eligible for FREE/REDUCED Meals?</b>

### YOUR INCOME – EMPLOYMENT, SOCIAL SECURITY/DISABILITY/CHILD SUPPORT/ETC.

<b>Company name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Phone:</b>	<b>Employed Since:</b>		
<b>Monthly Income: \$</b>	<b>How Often:</b>	<b>Source:</b>	

### SPOUSE/ PARTNER INCOME INFORMATION

<b>Company name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Phone:</b>	<b>Employed Since:</b>		
<b>Monthly Income: \$</b>	<b>How Often:</b>	<b>Source:</b>	

**OTHER HOUSEHOLD INCOME – Include Name, Amount and Source / Paid monthly/weekly/bi-weekly/other**

### RENT/MORTGAGE INFORMATION

<b>Monthly Payment:</b>	<b>Includes Utilities: Yes / No</b>		
<b>Landlord / Mortgage Company:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Phone:</b>			

### AGREEMENT

**I understand that if I have given false information or intentionally failed to disclose information, any assistance provided by Lemont Township can immediately be revoked. I certify under the penalty of perjury that the information provided on this application form is the truth to the best of my knowledge.**

### SIGNATURE

<b>Applicant Signature</b>	<b>Date</b>	<b>Human Services Signature</b>	<b>Date</b>
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